

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579644

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12	1					
13						
14						
15						
16						
17						
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19						
20						
21	1					
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25						
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27	1					
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48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	31	████████		████████		████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.			↓			
TOTAL DEP.		←		←		←
TOTAL CLAIMS	31	████████		████████		████████